SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Delores M. Everts Mailing Address 215 W. Stocker St #D City Glendale FEC ID number of contributing federal political committee. Name of Employer Kaiser Foundation Little Sunset Receipt For: Primary General Other (specify)	State Zip Code CA 91202-2415 C Occupation Laser Safety Educator Consultant Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett Mailing Address 2751 S. Macon Circle City Aurora FEC ID number of contributing federal political committee. Name of Employer Regis University Receipt For: Primary General Other (specify)	State Zip Code CO 80014-3027 C Occupation Professor Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Debra Cannon Mailing Address 205 Horseshoe Dr City Spotsylvania FEC ID number of contributing federal political committee. Name of Employer HEALTH SOUTH Receipt For: Primary General Other (specify)	State Zip Code VA 22551-3205 C Occupation RN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	_	458.33